THE FOOTBALL ASSOCIATION OF WALES Ltd
2019-2020 PROFESSIONAL MUTUAL CANCELLATION FORM

SECTION A – PLAYER'S DETAILS

This section **MUST** be completed **IN FULL** by the Player in **BLOCK CAPITALS ONLY:**

Given Forename(s):-	Surname:-
Name of club were you're currently registered:	Date of Birth:-

Current Postal Address:-

Post Code:-

I the player (as named above) of the address (as detailed above) desire the cancellation of my registration as a Professional Player for the above named Club as and from the date of Player's Signature as detailed below.

I understand that I may not register as an Amateur Player unless a period of 30 Days has elapsed from my last competitive appearance for the above named Football Club.

FAW COMET Number (to be completed by Club Secretary if known):-						**Player's Signature:-**
						Date of Player's Signature:-

SECTION B – CLUB DETAILS

This section **MUST** be complete **IN FULL** by the Club's Recognised Signatory in **BLOCK CAPITALS ONLY**:

Date & Fixture of the last competed fixture which the player named above last competed as a Professional Player for the above named Club:

Date: ***Fixture:***

On behalf of the above named Football Club I agree to the cancellation of the above named Registered Professional Player as and from the date of Player's Signature as detailed above.

I understand that this form must be returned to The Football Association of Wales immediately following its completion via FAW COMET in accordance with the provisions of the FAW COMET Regulations.

Name:-	Current Postal Address:- Post Code:-
E-mail Address:-	**Recognised Signatory (Club Secretary or equivalent / Chairman or equivalent):-** **Date:-**

THE RECOGNISED SIGNATORY MUST ENSURE THIS CANCELATION FORM IS SENT TO THE FAW UPON COMPLETION.